ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| | AS | | C1/21/00 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 16 | 2-8.00 |
| FORMALITY REVIEW | CM | 71632 | 2/14/00 |
| RESPONSE FORMALITY REVIEW | CM | 71632 | 3/8/00 |

## INDEX OF CLAIMS

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| ✔ ............................. Rejected | N ................................. Non-elected |
| = ............................. Allowed | I ................................. Interference |
| — (Through numeral)... Canceled | A ................................. Appeal |
| ÷ ............................. Restricted | O ................................. Objected |

| Claim Final | Original | 6/2 | 4-14-0 | 5-18-0 | Date | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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